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To	Company	Fax Number	Phone Number
Examiner Gloria R. Weeks	U.S.P.T.O. - Group Art Unit 3721	(703) 308-7769	(703) 605-4211

Date
November 22, 2002**Client/Matter Number**
310493.00001**From**
Richard P. Bauer**Attorney Number**
33549**Phone**
202.625.3507**Fax**
202.339.8266**Total number of pages, including cover letter: 27**
If you do not receive all of the pages, please call: (202) 625-3507**Comments****Re: U.S. Patent Appln. No. 09/582,890**
Our New Ref.: 310493.00001**FAX RECEIVED**

NOV 22 2002

GROUP 3700**Attached herewith please find an Amendment Transmittal, Amendment and Marked-Up Claims for the above-referenced application.****For Messenger Department Use Only****Your fax has been sent. Attached is your original****Date** _____ **Time** _____**Signature** _____**Important**

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In re Application of:

Docket No. 310493.00001

MAREK LAGODZINSKI, ET AL.

Application No.: 09/582,890

Examiner: G.R. Weeks

Filed: July 7, 2000

Group Art Unit: 3721

For: POWER OPERATED PISTON
TOOL WITH PISTON AUTOMATIC RETURN

Date: November 22, 2002

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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Shiladran P. Johnson

Sir:

Transmitted herewith is an amendment in ~~the above referenced application.~~☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 20	MINUS	** 20	= 0	x \$9 \$18	\$00.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$84	\$00.00
Fee for Multiple Dependent claims \$135°/\$270						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT-						\$00.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 50-1710 for the Terminal Disclaimer fee. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 50-1710 to cover the fee for a _____ month extension of time fee.
- ☐ Charge \$_____ to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3507. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorneys for Applicants

Registration No. 31.528

Patent Administrator
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Skiladean P. Johnson
Signature Skiladean P. Johnson

PATENT APPLICATION

#211 Amend
D(NE)
11/26/02
APPLICATION
Z. Cobb
CE
2/6/03

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William P. Johnson

Signature Richard D. Johnson

AMENDMENT

Initially, please change the Attorney Docket No. to 310493.00001, and direct all future correspondence to the address listed at the end of this document.

In response to the August 29, 2002 Office Action, please amend the above-identified application as follows: